Periscope.

EXCERPTS WILL BE FURNISHED AS FOLLOWS:

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The Editor will not accept as ORIGINAL ARTICLES and CLINICAL CASES those that have appeared elsewhere.

Authors are requested to make none but typographical corrections on the proof sent to them. The manuscript must represent the final form in which the article is to be printed.

ANATOMICAL.

THE COURSE OF THE POSTERIOR ROOT FIBRES OF THE CORD.

In the "Centralblatt f. klinische Medicin" appears an abstract of the conclusions of R. Oddi and U. Rossi, "Sperimentale," deducted from extended research and physiological studies upon animals. These authors find that with the exception of a small bundle of direct ascending fibres passing upward on the same side, the remainder pass directly to the cells of the posterior horns of either side and some to the anterior horn of the opposite side.

In tracing the terminations of these fibres it was found that those diverging in the column of Burdach were joined at a higher level by others from Goll's column. A small number of fibres pass, by means of the gray commisure, to the posterior and anterior columns of the opposite side. Others again seem to join with cells of the lateral columns of the same side. The ascending fibres in the lumbar region from the posterior and lateral columns pass directly to the posterior columns of the opposite side. In the cervical region the greater number from the anterior, and a few from the lateral and posterior, columns take the same course. The trophic centre of the posterior nerve roots was probably in the spinal ganglion and of the posterior horns in the ganglion cells of this situation. B. M.

PATHOLOGICAL.

ACUTE ATAXIA.

Under the name of "acute ataxia" Leyden has described an affection which is characterized by rapid and sudden appearance of a distinct axtaxia on movement (Zeitschr. f. klin. Med., Bd. xviii.). A unanimity of opinion exists, in regard to the cases thus far described, as to some important points; for instance, the sudden appearance of ataxia, its rapid course, sometimes fatal, but more frequently ending in recovery. He describes two groups:

1. The central (cerebral) form of acute ataxia. The most important symptom is the ataxia, with disturbance of sensibility, or only transiently associated with it. It is almost always accompanied by stammering speech, which reminds one of multiple sclerosis. The intellect is frequently affected. Some cases take a favorable course, and recover in a few weeks; others become chronic and incurable. The process itself has no tendency to advance. It may be of spontaneous origin, or due to trauma, or acute infectious diseases (small-pox, typhoid fever, dysentery, erysipelas). The pathological process is probably a multiple insular (acute) encephalomyelitis which terminates in sclerosis. The location of the lesion is in the mid-brain, more especially in the region of the pons.

2. The second is the sensory form. It belongs to multiple neuritis (also described as pseudo-tabes). It is characterized by its sudden appearance, frequent termination in recovery or in considerable improvement, and by the involvement of the sensory nerves of the